

REQUEST

FOR

CONTINUED EXAMINATION (RCE)

TRANSMITTAL

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/779,879
Filing Date	02-18-2004
First Named Inventor	Magoon
Group Art Unit	2816
Examiner Name	Lam, Tuan Thieu
Attorney Docket Number	050321-1831

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCE's (not to be submitted to the USPTO) on page 2.

- Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

 - ☐ Previously Submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
 - ☐ Consider the amendment(s) reply under 37 CFR 1.116 previously filed on
 - ☐ Other:
 - ☒ Enclosed
 - ☐ Amendment/Reply
 - ☐ Affidavit(s)/Declaration(s)
 - ☒ Information Disclosure Statement (IDS)
 - ☐ Other:
- Miscellaneous**

 - ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required).
 - ☐ Other:
- Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

 - ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments to Deposit Account No. 20-0778.
 - ☐ RCE fee required under 37 CFR 1.17(e)
 - ☐ Extension of time fee (37 CFR 1.136 and 1.17)
 - ☐ Other:
 - ☐ Check in the amount of \$ _____ enclosed.
 - ☒ Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print Type)	David Rodack	Registration No. (Attorney/Agent)	47,034
Signature	<i>David Rodack</i>	Date	3-30-05

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

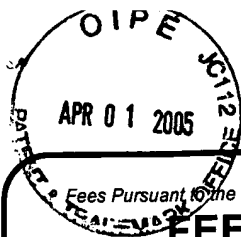
Name (Print/Type)	Marianne Boland	Date	03-30-05
Signature	<i>Marianne Boland</i>		

This collection of information is required by 37 CFR 1.114. This information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1455, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004

Fees Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

Complete if Known

Application Number	10/779,879
Filing Date	02-18-2004
First Named Inventor	Magoon
Examiner Name	Lam, Tuan Thieu
Art Unit	2816
Attorney Docket No.	050321-1831

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$790.00)

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):
- ☐ Deposit Account Deposit Account Number: 20-0778 Deposit Account Name: Thomas, Kayden, Horstemeyer Risley, L.L.P.
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESSIVE CLAIM FEES

<u>Fee Description</u>				<u>Fee (\$)</u>	<u>Fee(\$)</u>
Each claim over 20 (including Reissues)				50	25
Each independent claim over 3 (including Reissues)				200	100
Multiple dependent claims				360	180
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
-20 or HP =				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if great than 20					
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
-3 or HP =					
HP = highest number of total claims paid for, if great than 3					

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/50=	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification,	\$130 fee (no small entity discount)	Fee Paid (\$)
Other: RCE		790.00

SUBMITTED BY

Complete (if applicable)

Signature

Registration No. 47,034

Telephone Number
770-933-9500

Name: (Print/Type)

David Rodack

Date: 3-30-05